

REQUEST FOR TIME EXTENSION
STIP Local Highway Projects

Local Agency Letterhead

To: (DLAE Name)
District Local Assistance Engineer
Caltrans, Office of Local Assistance
(District Address)

Date :

PPNO: _____

PROJECT #: _____

EA: _____

(Brief Project Description)

(Location) _____

(County) _____

Assembly District: _____

Senate District: _____

Dear (DLAE Name)

We request that the California Transportation Commission approve a request for a time extension for this project.

A. Project description:

(Enter description of project, location and scope from Project Nomination Sheet. Include programmed funding level by phase)

B. Project element for which extension requested: (check appropriate box)

☐

Allocation

☐

Expenditure

☐

Award

☐

Completion

(contract acceptance)

C. Phase (component) of project: (check appropriate box or boxes)

☐

Environmental
Studies & Permits

☐

Plans, Specs. &
Estimate

☐

Right of
Way

☐

Construction

D. Allocation and deadline summary

Allocation Date By Phase (if applicable)	Allocated Amount By Phase (if applicable)	Original Deadline	Number of Months of Extension Requested	Extended Deadline

E. Reason for project delay

Indicate the reason for the project delivery delay. Please be concise. Specify the length of time the project will be delayed. The length of extension requested cannot exceed 20 months and must be directly attributed to the reason for delay specified.

F. Status of project milestones/revised project milestones

1) Completion of Environmental Document:

CEQA - Describe document type and date (original milestone date and revised date).

NEPA - Describe document type and date (original milestone date and revised date).

2) Right of Way Certification:

Indicate the date right of way was certified (or will be certified) for the project (original milestone date and revised date).

3) Construction:

Indicate the date the project will be ready to advertise or was advertised (original milestone date and revised date).

G. Timely Use of Funds

We request that the Commission approve this request at the _____ meeting, *or* by _____.

H. Local Agency Certification:

This Request for Time Extension has been prepared in accordance with the *Procedures for Administering Local Grant Projects in the State Transportation Improvement Program (STIP)*. I certify that the information provided in the document is accurate and correct. I understand that if the required information has not been provided this form will be returned and the request may be delayed. Please advise us as soon as the time extension has been approved. You may direct any questions to _____ at _____

(name)

(phone number)

Signature _____ Title: _____ Date: _____

Agency/Commission: _____

I. Regional Transportation Planning Agency/County Transportation Commission Concurrence:

Concurred

Signature _____ Title: _____ Date: _____

Agency/Commission: _____

J. Caltrans District Local Assistance Engineer Acceptance:

I have reviewed the information submitted on the Request for Time Extension and agree it is complete and has been prepared in accordance with the *Procedures for Administering Local Grant Projects in the State Transportation Improvement Program*.

Signature _____ Title: _____ Date: _____

Attachments:

Distribution: (1) Original + 1 copy to DLAE (2) copy to Regional Planning Agency/County Transportation Commission